

BEST AVAILABLE COPY

APPlicants

Form 35 U
Ver
ADDRESS
TITLE

POSITION	ID NO.	DATE
CLASSIFIER	21	9/18/97
EXAMINER	EB	150+97
TYPIST	fb	
VERIFIER	fb	11-12-97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Original	Date
Final		
1	✓-26-98	7/12/98
2		1-1-99
3		8/9/99
4		4/17/00
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31	✓✓✓✓✓	
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38	✓✓✓	✓
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40	✓✓✓✓	
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48		
49	✓	
50	✓	

SYMBOLS

✓ Rejected
 = Allowed
 - (Through number) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
		1/21/94	
51		✓ 1/21/94	
52		✓ 1/21/94	
53		✓ 1/21/94	
54		✓ 1/21/94	
55		✓ 1/21/94	
56		✓ ✓ ✓ ✓	
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63		✓	
64		✓	
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